

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Carroll Dennis Adams

Town

County

MARYLAND

Died at

McDaniel

Talbot

Date

of death 1906

Month

12

Day

29

Age

Years

14

Months

3

Days

17

Sex

Color or  
Race

Black

Birth-  
place

McDaniel

Occupation

Where Residing if not  
at place of death

McDaniel

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William T. Adams

Father's  
Birthplace

Talbot Co.

Mother's  
Maiden Name

Sarah Hannah Drake

Mother's  
Birthplace

Talbot Co.

Name of person giving  
In formation

William T. Adams

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tuberculosis of Lungs

How long

2 yrs

Immediate

General arteriosclerosis

How long

1 week.

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

H. E. Zapp

St. Michael  
Md.

Accident or Suicide?



Name  
in  
Full

Mariana Brunson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *St. Michaels* <sup>Town</sup> *Talbot* <sup>County</sup>

Date of death *1906* <sup>Month</sup> *Dec* <sup>Day</sup> *5* <sup>Years</sup> *74* <sup>Months</sup> *—* <sup>Days</sup> *20*

Sex *Female* Color or Race *White* Birth-place *Talbot Co*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widowed* Name of Wife or Husband *James Brunson*

Father's Name *Perry Brunson* Father's Birthplace *Talbot Co*

Mother's Maiden Name *Susan E. Kemp* Mother's Birthplace *Talbot Co*

Name of person giving information *O. H. Brunson* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Fatty degeneration of heart* How long *About 2 years*

Immediate *Cardiac failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. H. Hope M.D.*

Address *St. Michaels*

*Maryland*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓

Name in Full <i>Josephine Brunner</i>		Town <i>Dear Hope</i>		County <i>Salvor</i>		MARYLAND	
Died Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>26</i>		Age <i>60</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Ind</i>		Months <i>4</i>	
Days <i>0</i>		Occupation <i>House wife</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Brunner</i>					
Father's Name <i>Edward Benton</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Henrietta Young</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>(119)</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Regurgitation</i>		How long <i>8 mos</i>	
Immediate <i>Obstruction of Lung</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jos. A. Ross</i>	
		Address <i>Hope Ind</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

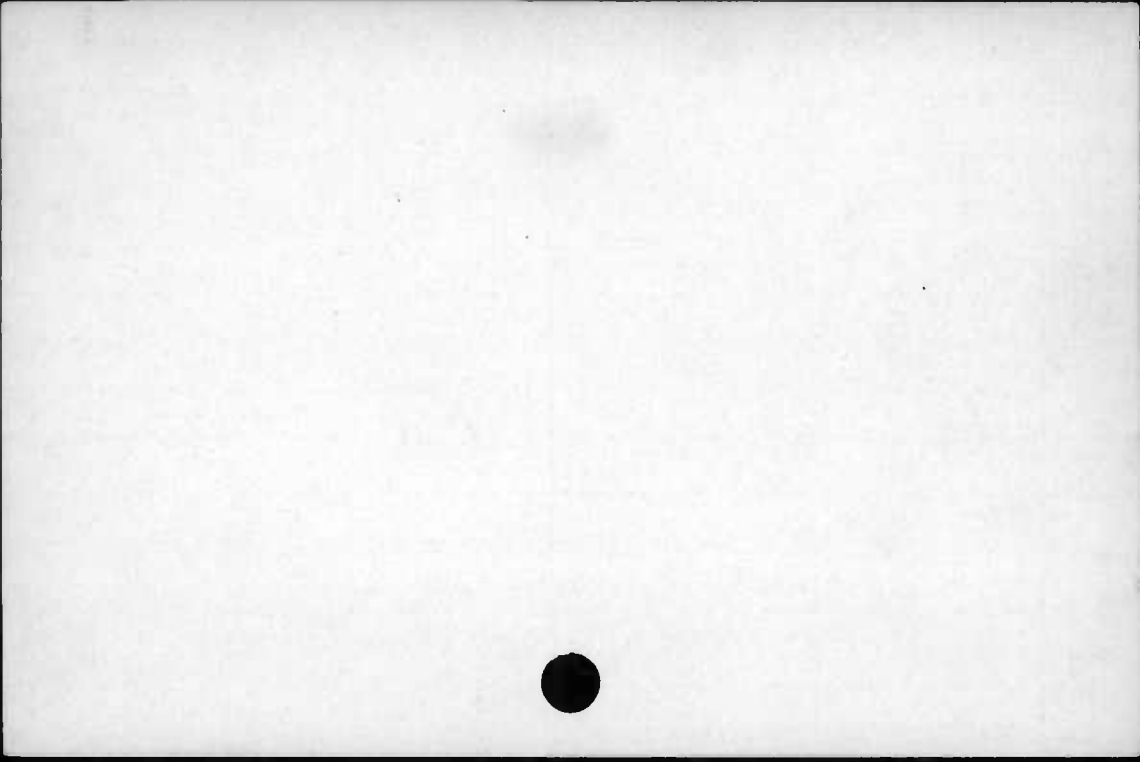
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Michaels</i> <sup>Town</sup>		County <i>Hulbert</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day	Age <i>24</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>St Michaels</i>		
Occupation		Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Frank Wells</i>		Father's Birthplace <i>St Michaels</i>			
Mother's Maiden Name <i>Mary Moore</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>J Mary Wells</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 months</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J C Seavie</i>
	Address <i>St Michaels</i>
Accident or Suicide?	





Name  
in  
Full

Emma Busbey

## CERTIFICATE OF DEATH

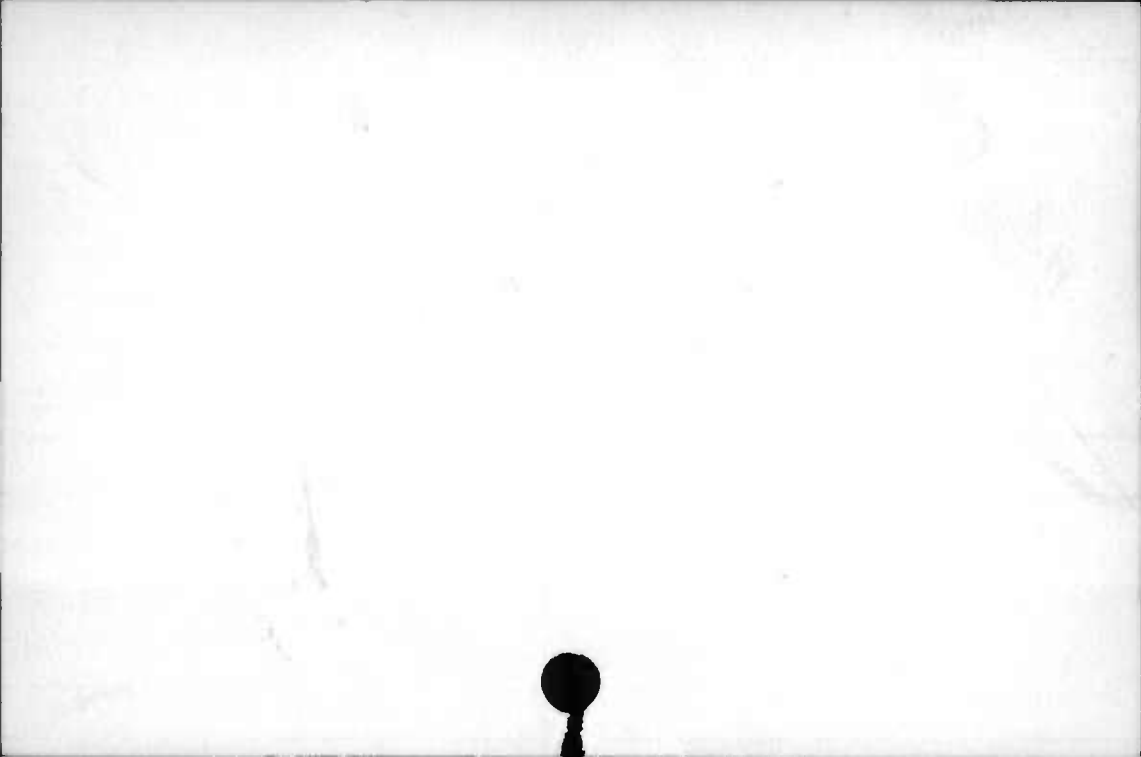
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>Dec</u> <small>Day</small>	<u>17</u> <small>Age</small>	<u>37</u> <small>Years</small>	<u>Months</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>Easton</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Geo M. Busbey</u>		
Father's Name	<u>Joseph A. Jagger</u>			Father's Birthplace	<u>Don't know</u>
Mother's Maiden Name	<u>Elizabeth Ridgeway</u>			Mother's Birthplace	<u>Talbot Co</u>
Name of person giving information	<u>Geo M Busbey</u>			How related to deceased	<u>Husband</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>supposed organic heart disease</u>	How long	<u>not known</u>
Immediate	<u>Heart Failure</u>	How long	<u>1 minute</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Chas. F. Davidson M.D.</u>	
		Address	
		<u>Easton, Md.</u>	
Accident or Suicide?			



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Dec	9	Age	X	1	
Sex	Male		Color or Race	black		Birth-place	X Easton
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
X			X				
Father's Name	Walter Barker				Father's Birthplace	X	
Mother's Maiden Name	Ann Razin				Mother's Birthplace	Tach	
Name of person giving information	Perry Razin				How related to deceased	Tach	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

No Name Chase

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Iva town</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Dec</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>0</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>Four</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ivy town</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>don't know</i>				
Mother's Maiden Name <i>Minnie Chase</i>	Mother's Birthplace <i>Ivy town</i>				
Name of person giving information <i>John N Slaughter</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>not know</i>	How long <i>one hour</i>
Immediate	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J B Fairbank</i>
	Address <i>Lead-Register</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Chas Henry Clark

Town

County

MARYLAND

Died at

Euston

Date

of death 1906 Dec

Month

Day

Age

Years

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Euston Md

Occupation

Infant

Where Residing if not  
at place of death

—

Married, Single  
or WidowedName of Wife or  
Husband

—

Father's  
Name

Jenny Clark

Father's  
Birthplace

Md

Mother's  
Maiden Name

Rachel Payne

Mother's  
Birthplace

Md

Name of person giving  
In formation

Jas. H. Johnson

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Nausea

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

How long

3 mos

How long

1 mos

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Hugh Alfred Cummings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Tilghman</i> Town		<i>Talbot</i> County			
Date of death	<i>1906</i>	Month	<i>Dec.</i>	Day	<i>23</i>
Age	<i>33</i>	Years	<i>033</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Tilghman Md</i>
Occupation	<i>Oysterman</i>		Where Residing if not at place of death <i>11 11</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>_____</i>			
Father's Name	<i>Henry Clay Cummings</i>			Father's Birthplace	<i>Tilghman - Md</i>
Mother's Maiden Name	<i>Rachel Jane Haddaway</i>			Mother's Birthplace	<i>11 11</i>
Name of person giving information	<i>Mrs. Henry Cummings</i>			How related to deceased	<i>step. mother</i>

## CAUSES OF DEATH

Primary

*Phthisis Pulmonalis*

How long

*4 7 00*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

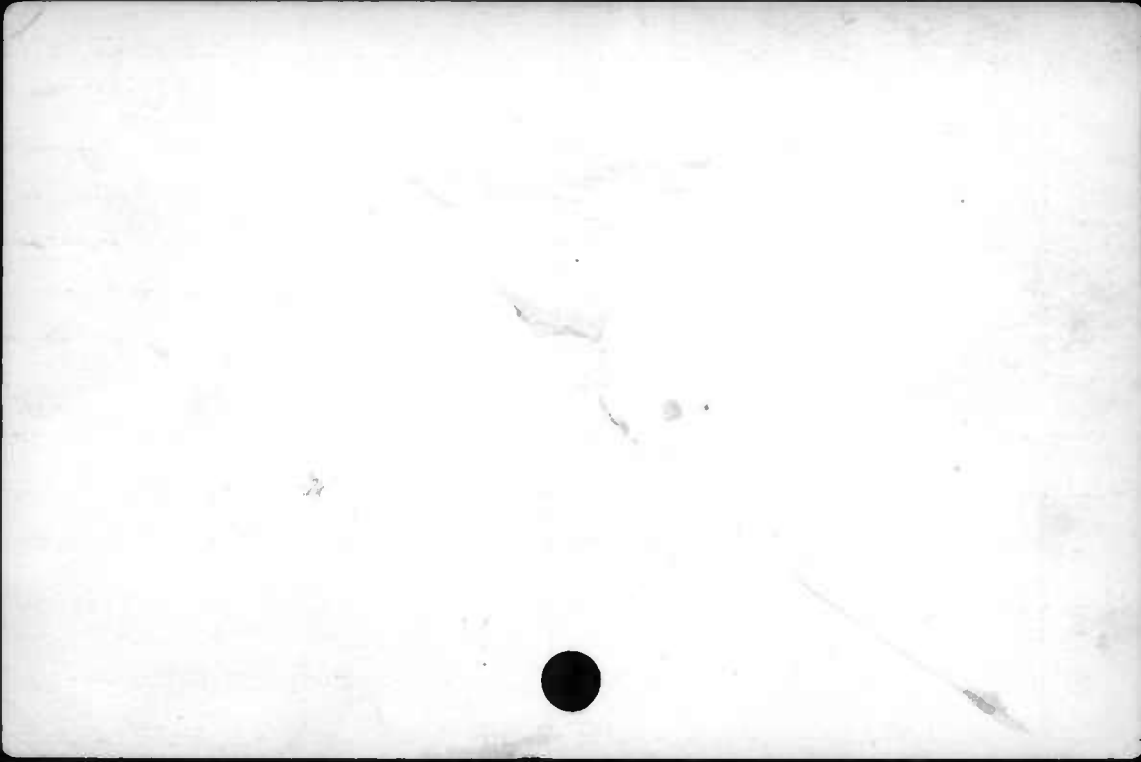
*S. E. Wilson*

Address

*Tilghman Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lizzie Dorman*

Town *Offord* County *Salisbury*

Died at *Offord*

Date of death 190 *6* Month *Dec.* Day *18* Age *5-5* Years Months Days

Sex *Female* Color or Race *African* Birth place *Salisbury Ma*

Married, Single or Widowed *Widow* Occupation *House-work*

Name of Wife or Husband *Lavin Dorman*

Father's Name *Henry Game* Father's Birthplace *Salisbury*

Mother's Maiden Name *Matilda Game* Mother's Birthplace *Salisbury*

Name of person giving information *Henrietta Robinson* How related to deceased *Daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Insanity - (18)* How long *6 months -*

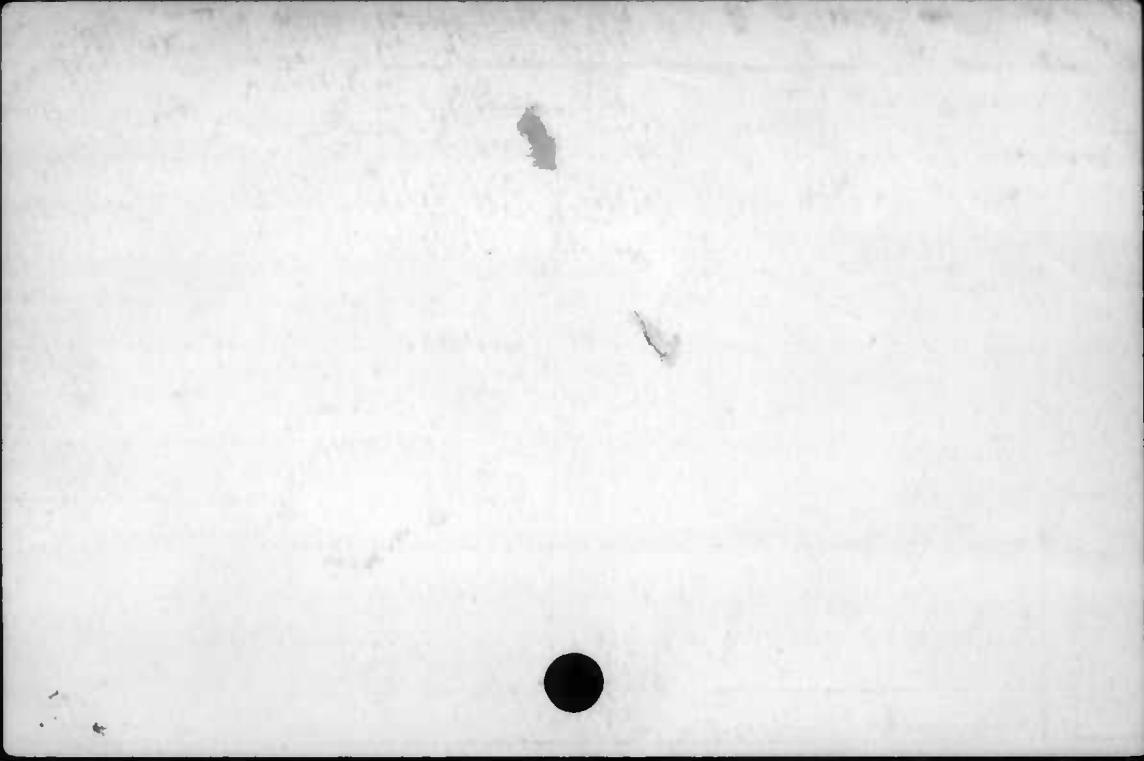
Immediate *Heart Failure* How long *Sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *J. M. Eccles M.D.*

Address *Offord Ma*

Accident or Suicide?



Name in Full		Thomas Henry Fairbank				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	✓	Died at <u>St Michaels</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
	Date of death	<u>1906</u>	Month <u>12</u>	Day <u>19</u>	Age <u>72</u> <small>Years</small>	Months	Days
	Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place
	Occupation	<u>Carpenter</u>		Where Residing if not at place of death		<u>St Michaels</u>	
	Married, <del>Single</del> or <del>Widowed</del>	<u>Married</u>	Name of Wife as <del>Married</del>		<u>Amanda Seivell</u>		
	Father's Name	<u>Thomas Fairbank</u>				Father's Birthplace	<u>Talbot Co</u>
	Mother's Maiden Name	<u>Elizabeth Jefferson</u>				Mother's Birthplace	<u>Talbot Co</u>
	Name of person giving information	<u>Ada-Willena Spencer</u>				How related to deceased	<u>Grand daug htr</u>
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>Paralysis</u>				How long	<u>4 weeks</u>
	Immediate	<u>Heart Failure</u>				How long	<u>-</u>
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician		<u>J C D. Davis</u>
					Address		<u>St Michaels</u>
Accident or Suicide?		<u>no</u>					



Name  
In  
Full

Infant Frampton

## CERTIFICATE OF DEATH

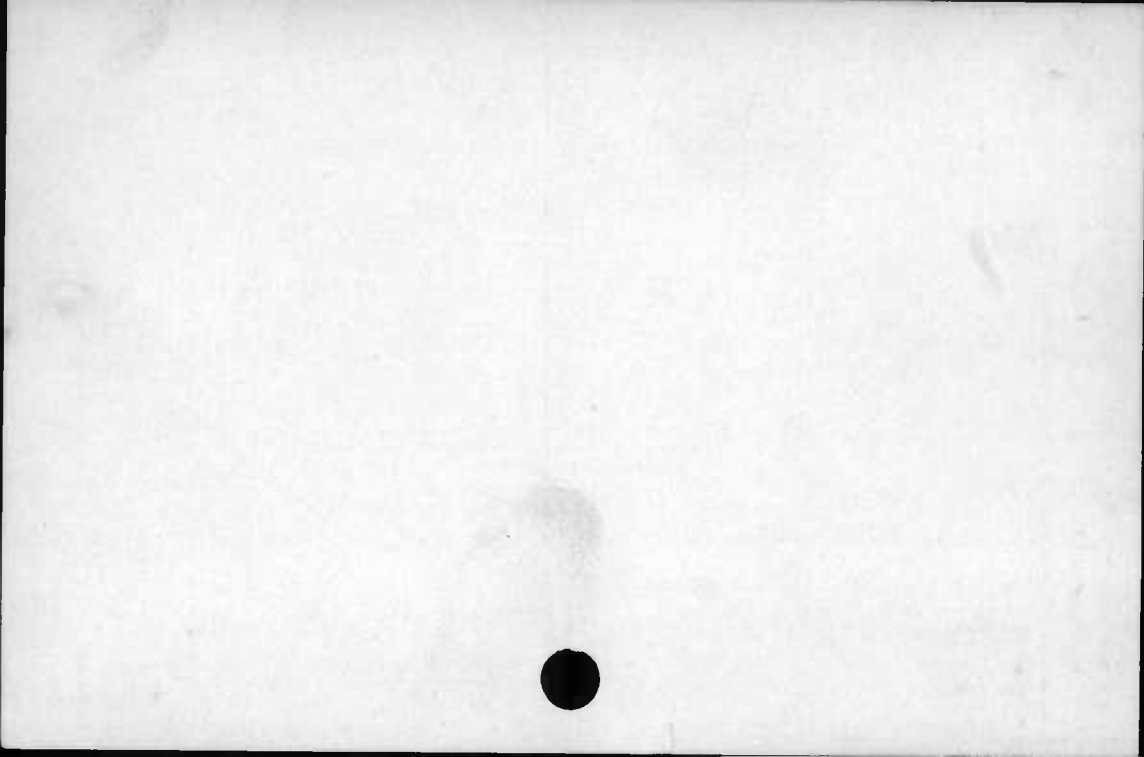
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak</i>		Town <i>Palmer</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>30th</i>	Age	Years	Months	Days <i>15 days</i>	
Sex		Color or Race <i>White</i>		Birth-place <i>Royal Oak Md</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Chas. L. Frampton</i>		Father's Birthplace <i>Palmer Co</i>					
Mother's Maiden Name <i>Miss Annie Leonard</i>		Mother's Birthplace <i>Palmer Co</i>					
Name of person giving information <i>Chas L Frampton</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Acute Bronchitis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Sam'l B. Trippe</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide? <i>—</i>	<i>Chas. L. Leonard Sub Reg</i>





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Tilghman</i> <sup>Town</sup>		<i>Dalhousie</i> <sup>County</sup>	
		Date of death <i>1906</i> <sup>Month</sup> <i>Dec</i> <sup>Day</sup> <i>10</i>		Age <i>1</i> <sup>Years</sup>	
		Sex <i>Male</i>		Color or Race <i>Black</i>	
		Occupation <i>—</i>		Where Residing If not at place of death <i>Tilghman Md</i>	
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Carroll Gibbs</i>		Father's Birthplace <i>Kent Del. Md.</i>			
Mother's Maiden Name <i>Werntha Gibbs</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Carroll Gibbs</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Leetling -</i>		How long <i>Two mos -</i>	
		Immediate <i>Enteric Colitis</i>		How long <i>Ten days -</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. Kennedy Wilson</i>	
		Accident or Suicide? <i>—</i>		Address <i>Tilghman Md</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		<u>MARYLAND</u>
	Date of death <u>1906</u>	<u>Dec</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>X</u> <small>Years</small>	Months <u>X</u> <small>Days</small> <u>2</u>
	Sex <u>Boy</u>	Color or Race <u>Black</u>		Birth-place <u>Easton Md</u>	
	Occupation <u>X</u>		Where Residing if not at place of death <u>X</u>		
	Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>			
	Father's Name <u>Thomas G. Leubins</u>	Father's Birthplace <u>Talbot</u>			
	Mother's Maiden Name <u>James Green</u>	Mother's Birthplace <u>Caroline Co</u>			
	Name of person giving information <u>Thomas G. Leubins</u>		How related to deceased <u>Father</u>		
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	Primary		How long		<u>1 day</u>
	Immediate <u>Exhaustion</u>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. A. Hughes</u>		
			Address <u>Wm. Clarke</u>		
Accident or Suicide?					



# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Eeast		Talbott		County		MARYLAND	
Date	1906	Month	Dec	Day	17	Years	17	Months	8
Sex		Female		Color or Race		Black		Birth-place	
Occupation		Nurse		Where Residing If not at place of death		Talbot		Royal Oak	
Married, Single or Widowed		Married		Name of Wife or Husband		Joseph Johns		Father's Birthplace	
Father's Name		Henry Jones		Mother's Maiden Name		Kornett Carmish		Mother's Birthplace	
Name of person giving information		Henry Jones		How related to deceased		Father		Lancaster	

### CAUSES OF DEATH

Primary	Enteric fever (1)		How long	4 wks.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		W. J. Flannery M.D.	
yes	Address		Easton	
Accident or Suicide?			Md.	



Name  
in  
Full

Allie Jones

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Maveth.*<sup>County</sup> *Talbot*

MARYLAND

Date of death *1906 Dec*

Month

Day

*26*

Years

Age *11*

Months

Days

Sex *Female*Color or Race *White*Birth-place *Maveth*Occupation *schoolgirl*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Thos B. Jones*Father's Birthplace *Talbot Co*Mother's Maiden Name *Florence McQuay*Mother's Birthplace *Talbot Co*Name of person giving information *Thos B. Jones*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Diphtheria*How long *not determined*Immediate *Asphyxia*How long *1/2 day*Are the name, age, sex, color, date and place correctly given above? *Yes,*

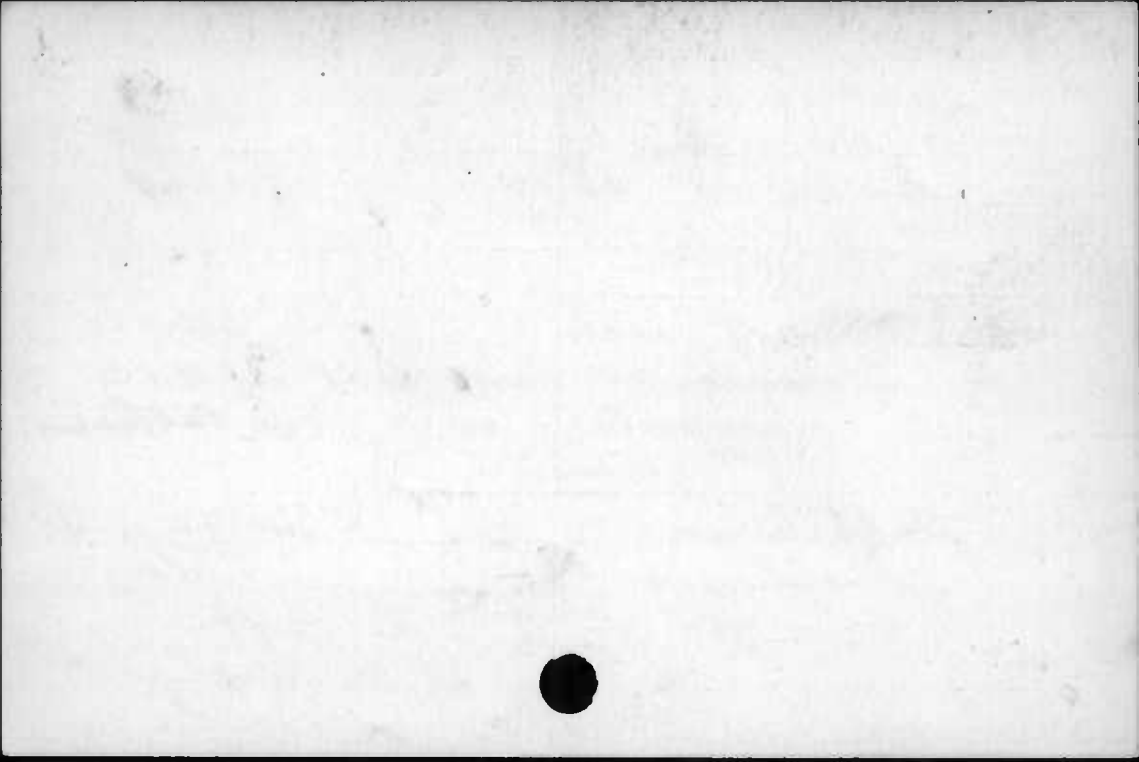
Signature of Physician

Address

*H. E. Zupke*  
*St. Michael*  
*Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Phoebe Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>neavitt</i> <sup>town</sup>		<i>Talbot</i> <sup>County</sup>			
Date of death	1906	Month	Dec	Day	26
				Years	6
Sex	<i>male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>neavitt</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
<i>Thomas B. Jones</i>			<i>Talbot Co</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Florence Mc Quay</i>			<i>Talbot Co</i>		
Name of person giving information			How related to deceased		
<i>Thomas B Jones</i>			<i>Father</i>		

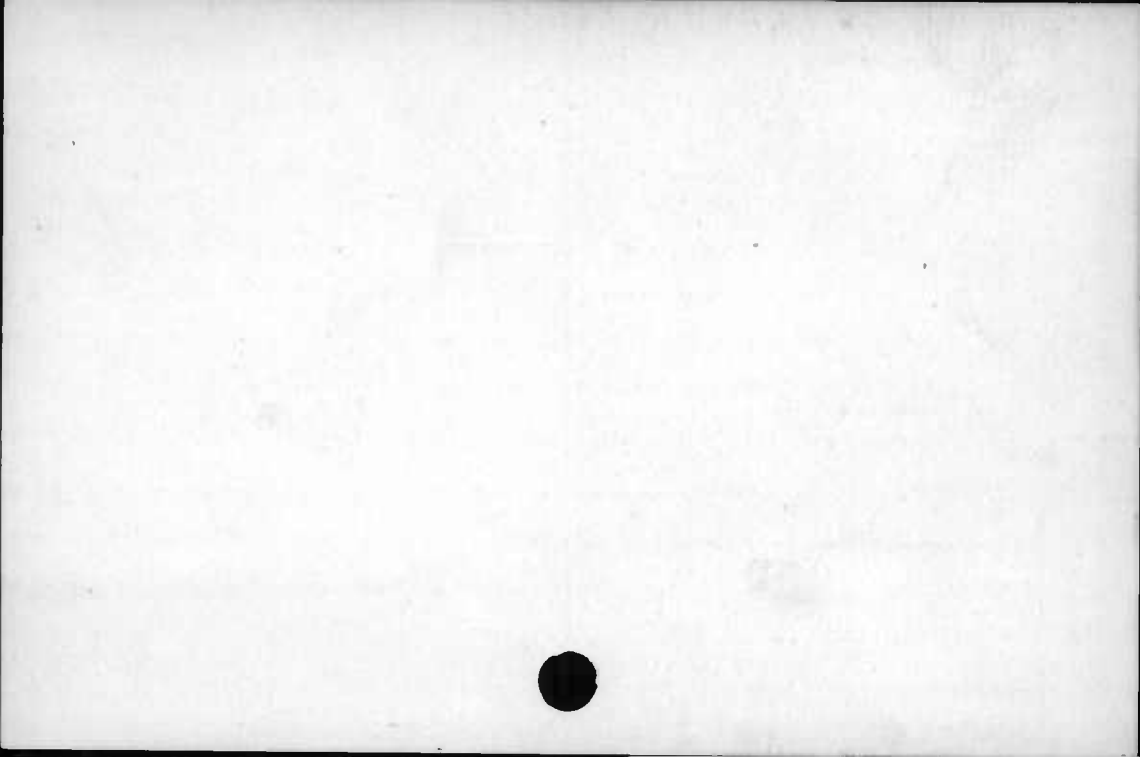
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>not determined</i>
Immediate	<i>Asphyxia</i>	How long	<i>1/2 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>H. E. Zipp</i>	
		Address	
		<i>St. Michael</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name in Full		Thomas H. Lambdin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	St Michael		Talbot		MARYLAND	
	Date of death	190	Month Dec.	Day 29	Age 61	Years	Months —
	Sex	Male		Color or Race	Negro		Birthplace
	Occupation	Laborer		Where Residing if not in place of death		Bozman	
	Married, Single or Widowed	Married		Name of Wife or Husband		Mary A. Lambdin	
	Father's Name	William Lambdin				Father's Birthplace	Talbot Co
	Mother's Maiden Name	Delia Thomas				Mother's Birthplace	Talbot Co
Name of person giving information	William Lambdin				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cerebral hemorrhage				How long	One hour
	Immediate	Cardiac failure				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Hope M.D.
	Accident or Suicide?				Address		St Michaels Md.



Name  
in  
Full

Nathaniel Leonard

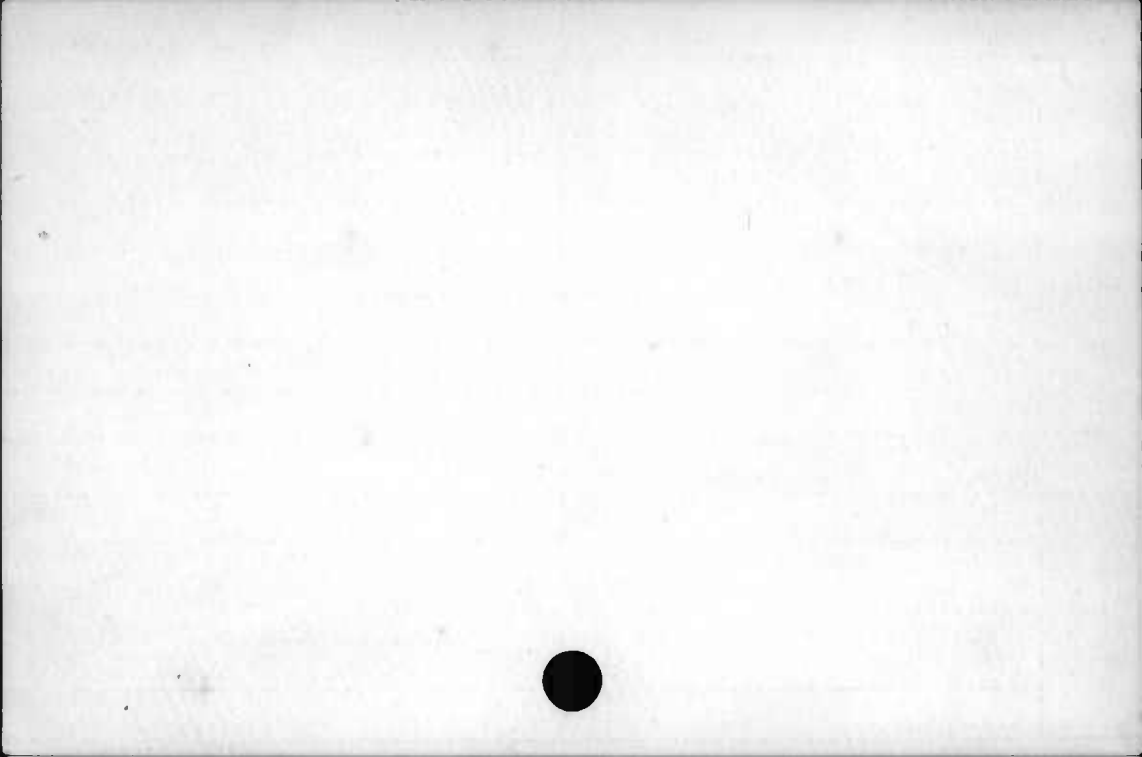
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
✓  
NEAREST FRIEND

Died at		Town Oxford		County Talbot		MARYLAND	
Date of death 1906		Month December	Day 15	Age 86	Years 10	Months 14	Days
Sex Male		Color or Race White		Birth- place Talbot Co.			
Married, Single or Widowed Widower		Occupation Ship builder					
Name of Wife or Husband Ann Rebecca Barnes							
Father's Name Nathan Leonard		Father's Birthplace Talbot Co.					
Mother's Maiden Name Martha Kirby		Mother's Birthplace Talbot Co.					
Name of person giving In formation Lewis A. Leonard		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paralysis -	How long 26. months
	Immediate	Nephritis -	How long 6 weeks.
	Are the name, age, sex, color, date and place correctly given above?		Yes.
	Signature of Physician A. W. Eccles M.D.		Address Oxford - Md.
Accident or Suicide?			



Name  
in  
Full

William Heloby McMahon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

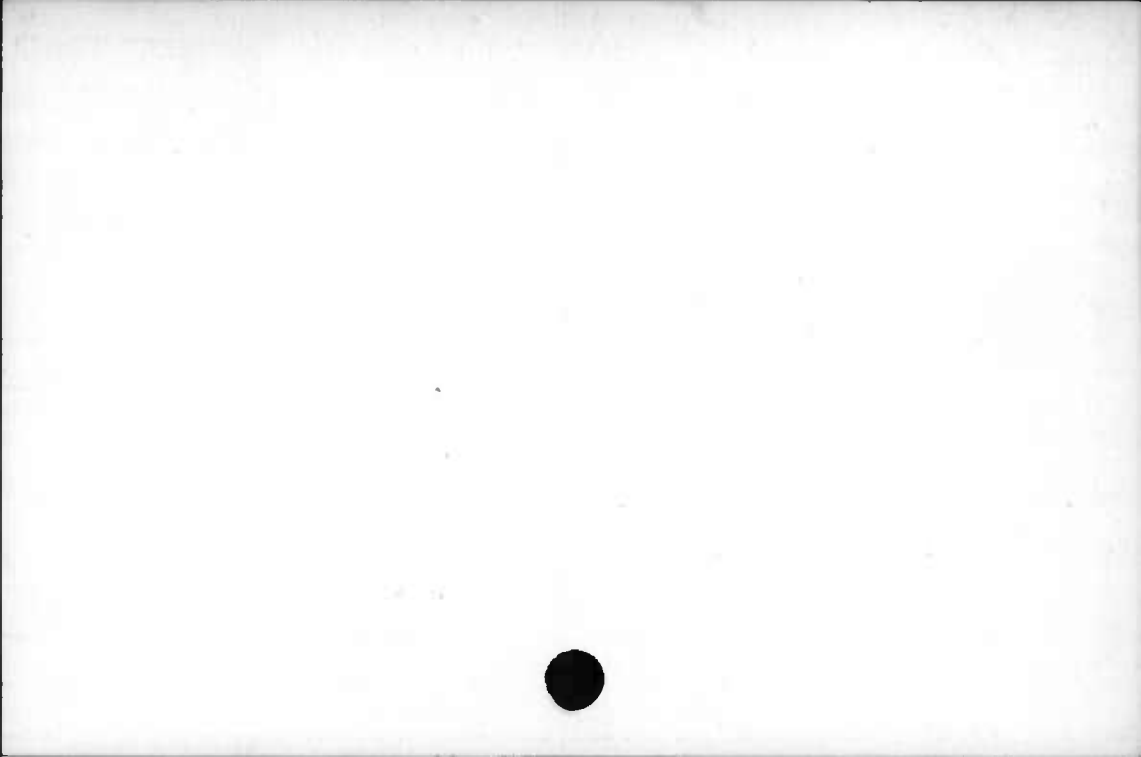
MARYLAND

Died at		Town Puffer	County Talbot			
Date of death	1906	Month 12	Day 5	Age 73-	Months 10	Days 10
Sex	Male		Color or Race	White		
Occupation	None		Where Residing if not at place of death		Talbot Co Md	
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Solomon McMahon				Father's Birthplace	Talbot Co Md
Mother's Maiden Name	Rebecca Merrick				Mother's Birthplace	Talbot Co Md
Name of person giving Information	Solomon J McMahon				How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Diarrhoea	How long	120	4 years -
Immediate	Uraemia & Meningitis	How long		3 days -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Joseph A. Ross M.D.	
		Address	Puffer Talbot Co Md	
Accident or Suicide?				





Name  
in  
Full

Nellie Virginia Mc. Inay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Bryman TownTalbot CountyDate of death 1906 Dec MonthDay 12Age — Years9 Months— DaysSex FemaleColor or Race WhiteBirthplace BrymanOccupation —Where Residing if not  
at place of death —Married, Single or Widowed SingleName of Wife or  
Husband —Father's  
NameLewis O. Mc InayFather's  
BirthplaceTalbot CoMother's  
Maiden NameLucy Mc InayMother's  
BirthplaceTalbot CoName of person giving  
In formationLewis O Mc InayHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

MarasmusHow long —

Immediate

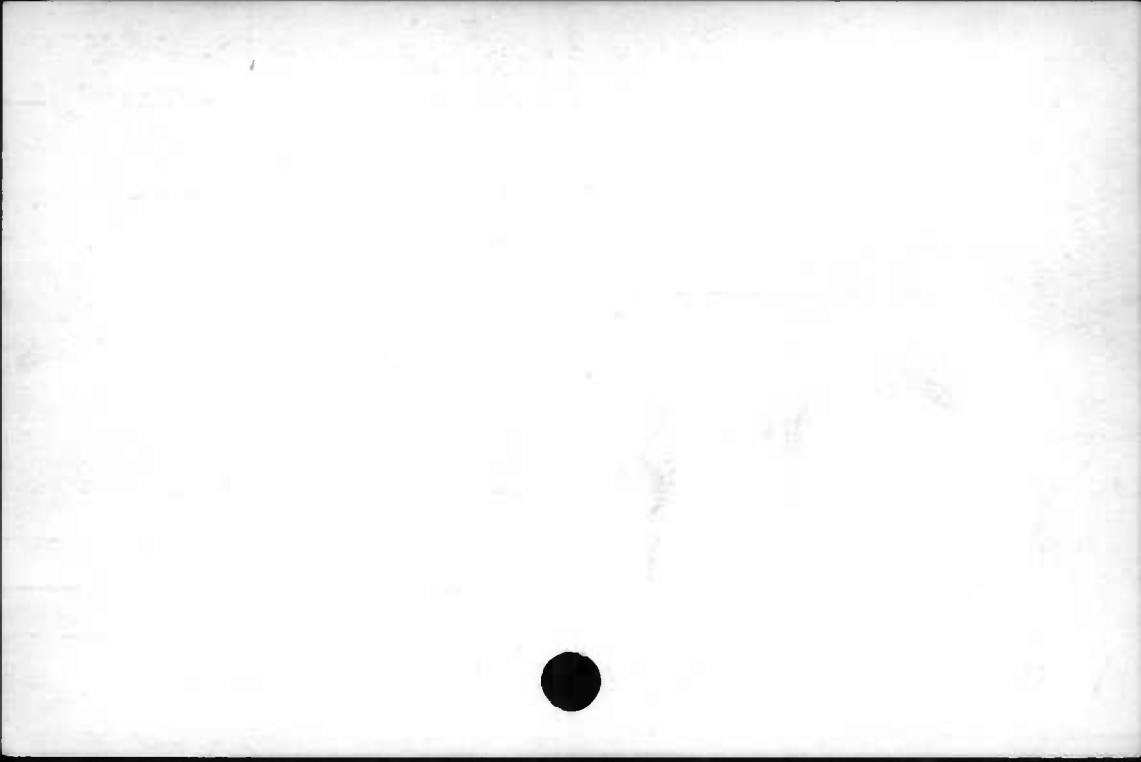
How long —Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
Physician

Address

Dr. J. B. Sitt  
St. Michael  
md

Accident or Suicide?

No



Name  
in  
Full

Mary Eliza Madden

CERTIFICATE OF DEATH

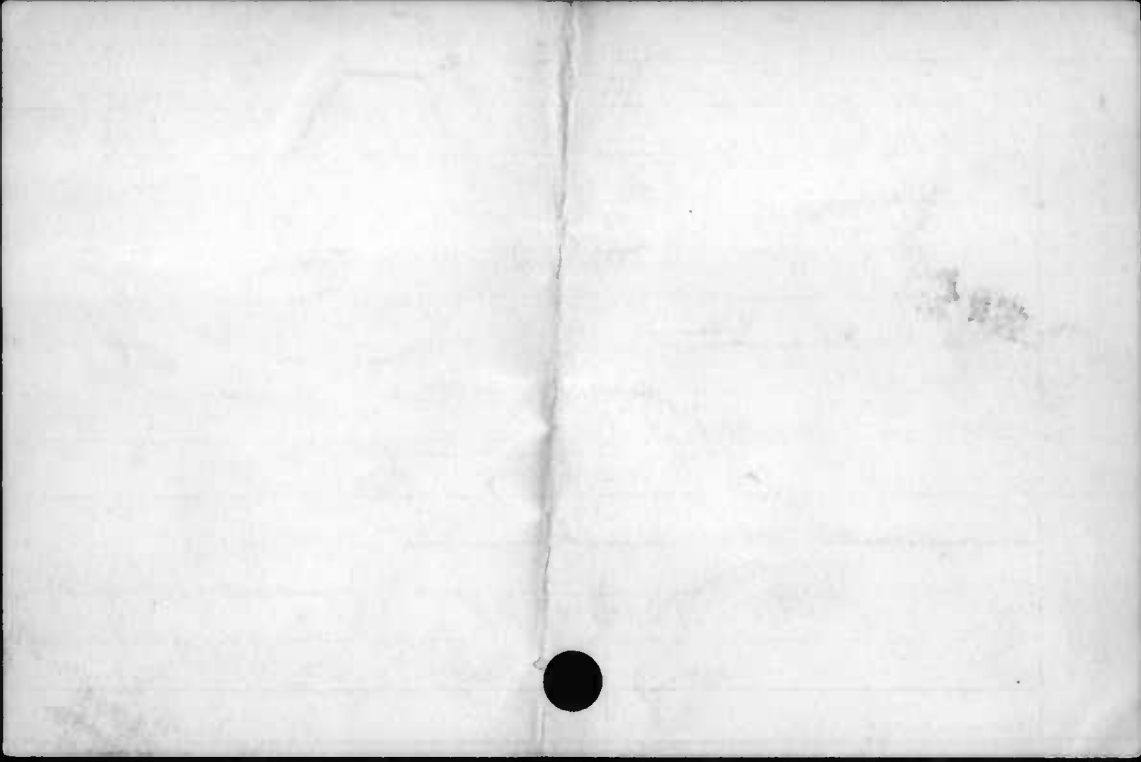
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bordova</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death 190 <u>6</u>	<u>Dec</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>16</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Chapel</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>House maid</u>		
Name of Wife or Husband <u></u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u></u>		
Mother's Maiden Name <u>Emma Jane Madden</u>			Mother's Birthplace <u></u>		
Name of person giving information <u>Sally Madden</u>			How related to deceased <u></u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>27</u>
Immediate	<u>Tuberculosis</u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. M. Bille</u>	
		Address <u>Bordova</u> <u>Ma</u>	
Accident or Suicide?			



Name  
In  
Full

Mildred M. Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Jacob</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>16</u>	Age <u>18</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Easton</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Walter Matthews</u>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Father</u>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Auto Intoxication</u>	How long <u>4 days</u>
Immediate <u>Cordiac Arrest</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Easton, Md.</u>
Accident or Suicide?	



Name  
in  
Full

John Bunniom Nichols

## CERTIFICATE OF DEATH

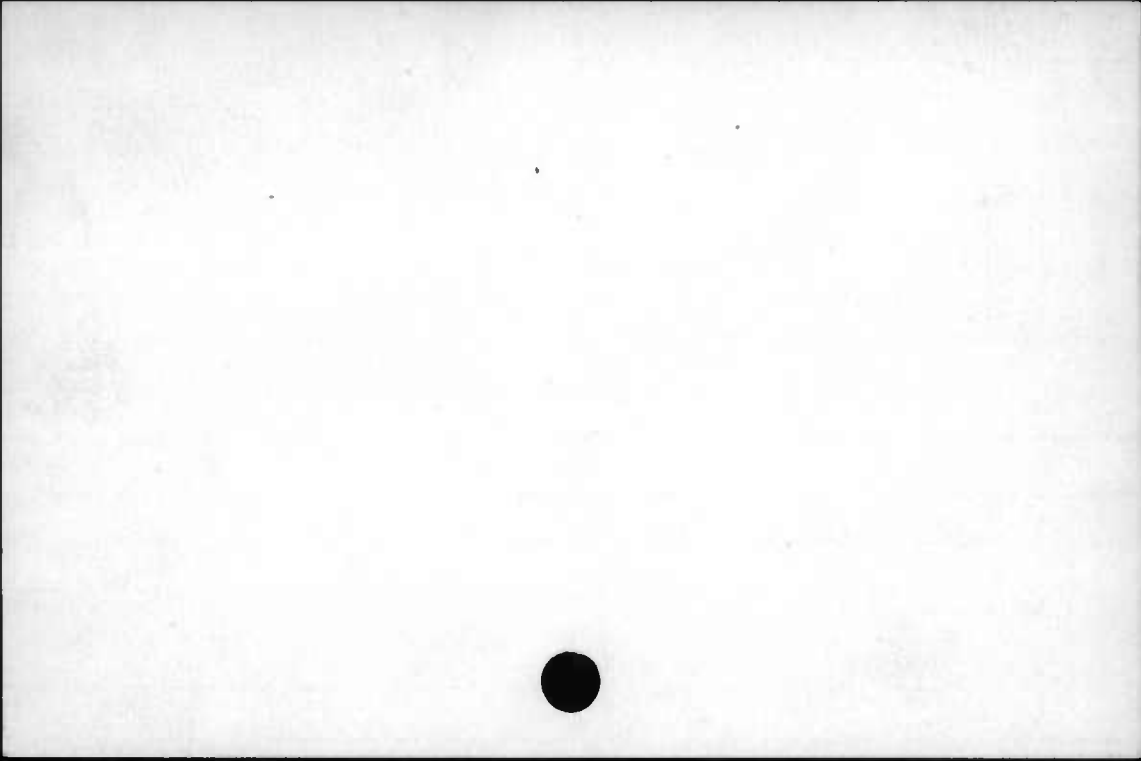
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Easton</i>		<sup>County</sup> <i>Talbot</i>		MARYLAND	
Date of death	1906	Month <i>Dec</i>	Day <i>23</i>	Years <i>57</i>	Months <i>1st Dec.</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Teacher</i>		Birth-place	<i>Caroline Co</i>	
Where Residing if not at place of death			<i>Easton Md.</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Susan Ellen Nichols</i>	
Father's Name	<i>Daniel Nichols</i>			Father's Birthplace	<i>Caroline Co Md.</i>
Mother's Maiden Name	<i>Katherine M. Causter</i>			Mother's Birthplace	<i>Caroline Co Md.</i>
Name of person giving information	<i>Mary E. Forster</i>			How related to deceased	<i>Daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Brights Disease</i>	How long	<i>Not Known</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Chas. F. Sandman</i>
<i>Yes</i>		Address	<i>Easton, Md.</i>
<i>Accident or Suicide?</i>			





Name  
in  
Full

Edward Reese

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Carlton</u> Town		County <u>Tarrant</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>1</u>	Age <u>43</u>	Years <u>4</u>	Months <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Tarrant</u>		
Occupation <u>Shoe &amp; automobile</u>		Where Residing if not at place of death <u>4</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Leann Reese</u>				
Father's Name <u>William Reese</u>	Father's Birthplace <u>Caroline Co</u>		Mother's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Mary I. Lane</u>	Name of person giving information <u>Mrs Carrie Reese</u>		How related to deceased <u>Wife</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis Throat</u>	How long <u>6 mos.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>yes</u>	Address <u>A. J. Hayward M.D.</u>
Accident or Suicide?	<u>Carlton M.D.</u>



Name  
in  
Full

Miss Emily Taylor Rodman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied *Near Easton* <sup>Town</sup>*Talbot* <sup>County</sup>

MARYLAND

Date of death *1906 Dec.*Day *19*Age *40*

? Months

? Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Philadelphia*

Occupation

*Deaconess*Where Residing if not  
at place of death*Philadelphia Pa*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*Not Known*Father's  
Birthplace*Not Known*Mother's  
Maiden Name*Not Known*Mother's  
Birthplace*Not Known*Name of person giving  
information*Rev. Dr. S. D. McConnell*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*General Peritonitis from cold*

How long

*18 days*

Immediate

*Exhaustion*

How long

*few hrs*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Chas. J. Davidson*

Address

*Easton, Md.*~~Accident or Suicide?~~PHYSICIAN  
OR CORONER



Name  
in  
Full

Howard Senior

## CERTIFICATE OF DEATH

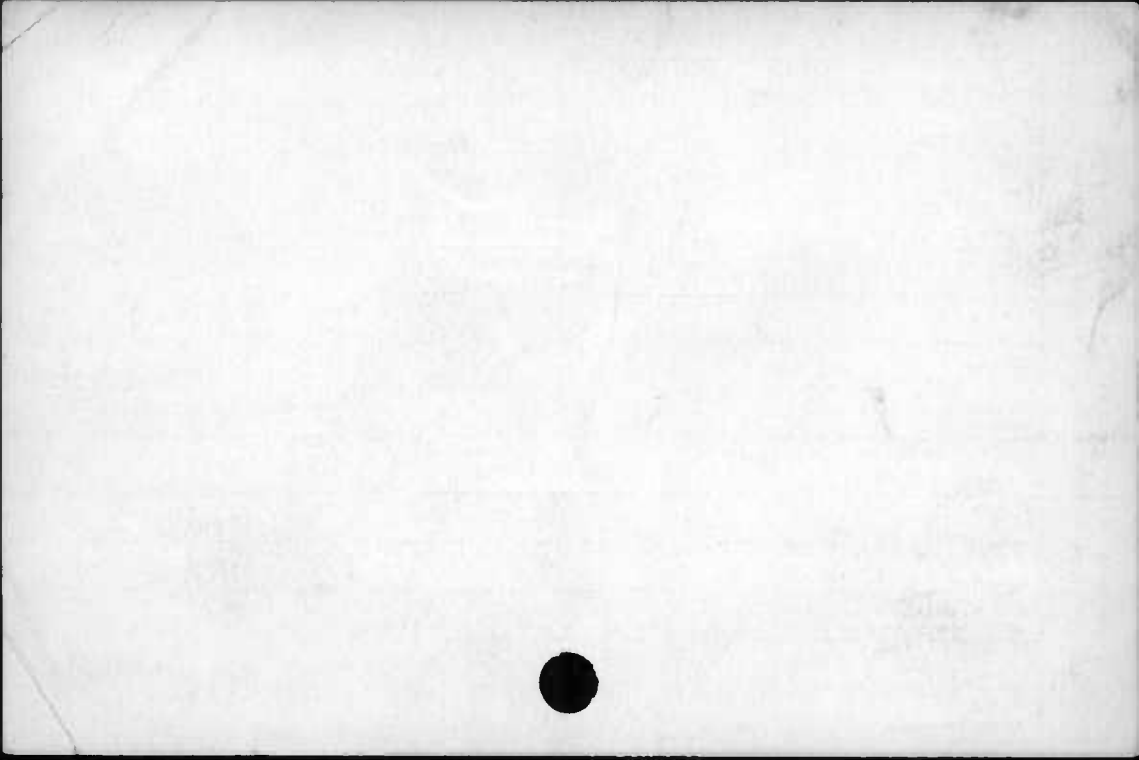
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Michaels</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Dec.	Day	11
Age		Years		Months	7
Sex	Color or Race		white		Birth-place
Occupation	white		Where Residing if not at place of death		<i>St Michaels</i>
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>James Senior</i>			Father's Birthplace	<i>Talbot Co</i>
Mother's Maiden Name	<i>Hester Seymour</i>			Mother's Birthplace	<i>Talbot Co</i>
Name of person giving information	<i>James Senior</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Engorged lungs.</i>	How long	<i>95</i>
Immediate	<i>Convulsions</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>R. C. Dodson</i>	
Address		<i>St. Michaels Md.</i>	
Accident or Suicide?		<i>—</i>	



Name  
in  
Full

Frank Thomas

CERTIFICATE OF DEATH

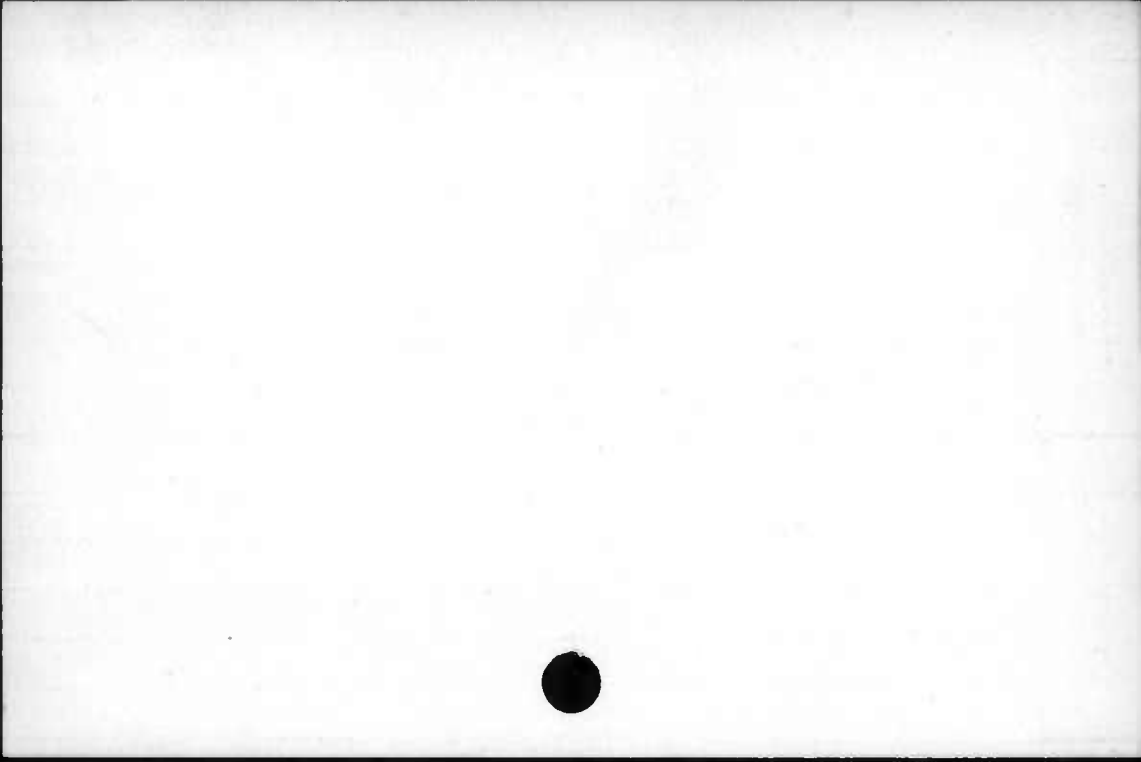
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Easton</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Dec</i>	Day	<i>23</i>
Sex	<i>Male</i>	Color or Race	<i>Negro</i>	Age	<i>65</i>
Occupation	<i>Driver</i>		Where Residing if not at place of death	<i>—</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Don't know</i>			Father's Birthplace	<i>Talbot Co.</i>
Mother's Maiden Name	<i>—</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Mrs. Hedge Thompson</i>			How related to deceased	<i>—</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>8 mos</i>
Immediate	<i>Hemorrhage</i>	How long	<i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Char. F. Davidson</i>
		Address	<i>Easton</i>
			<i>Mo.</i>
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

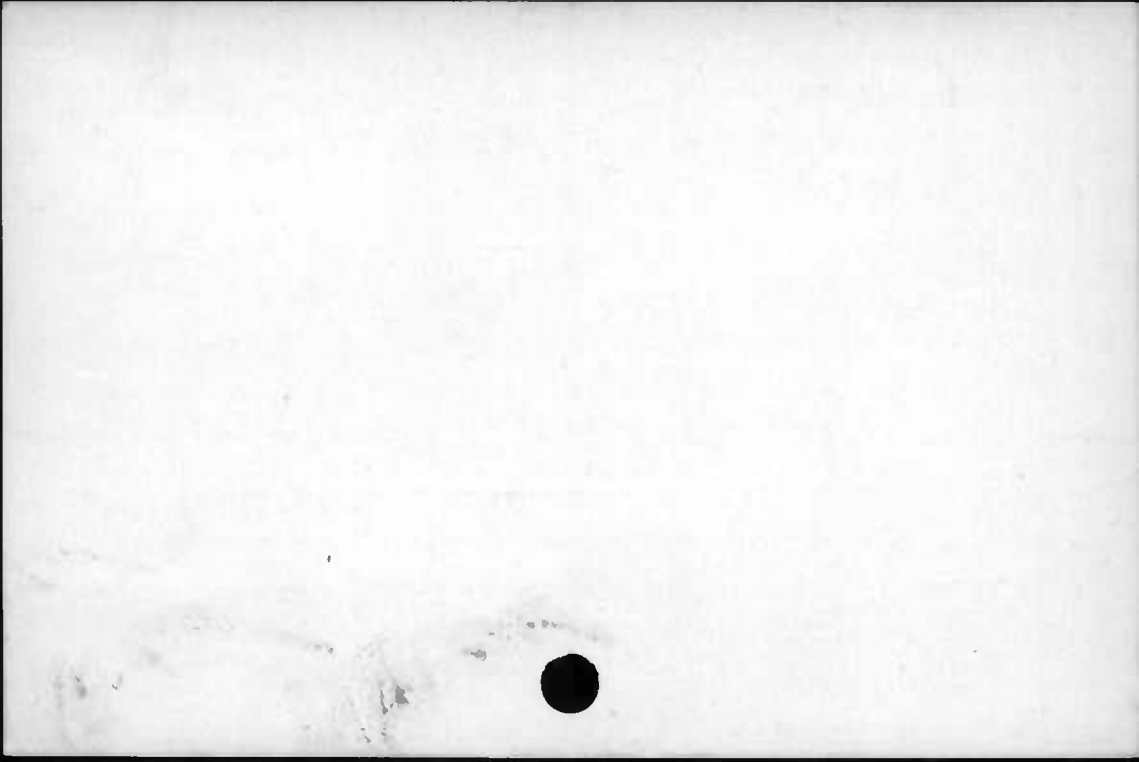
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Richard H Thomas</i>		Town <i>Easton</i>		County <i>Talbot</i>		STATE <i>MARYLAND</i>	
Died at <i>Easton</i>		Date of death <i>1906 Dec 19</i>		Age <i>17</i>		Months <i>7</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birthplace <i>Talbot Co</i>			
Occupation <i>Farm hand</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jas. R. Thomas</i>				Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Edith Gibbs</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>J. R. Thomas</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>7</i>	
Immediate		How long <i>7</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. Hayman M.D.</i>	
		Address <i>Easton</i>	
Accident or Suicide? <i>no</i>		<i>M.D.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Baltimore Turner  
Royal Oak

Talbot

Date

of death

1906 Dec

Day

27

Age

78 or 80 years

Months

Days

Sex

Female

Color or  
Race

Dark

Birth-  
place

Talbot

Occupation

Home Wife

Where Residing if not  
at place of death

Royal Oak Talbot

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Horace Turner

Father's  
Name

Emery Moore

Father's  
Birthplace

Talbot Co

Mother's  
Maiden Name

not known

Mother's  
Birthplace

Talbot

Name of person giving  
information

Horace Turner

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Grip

How long

4 or 5 days

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

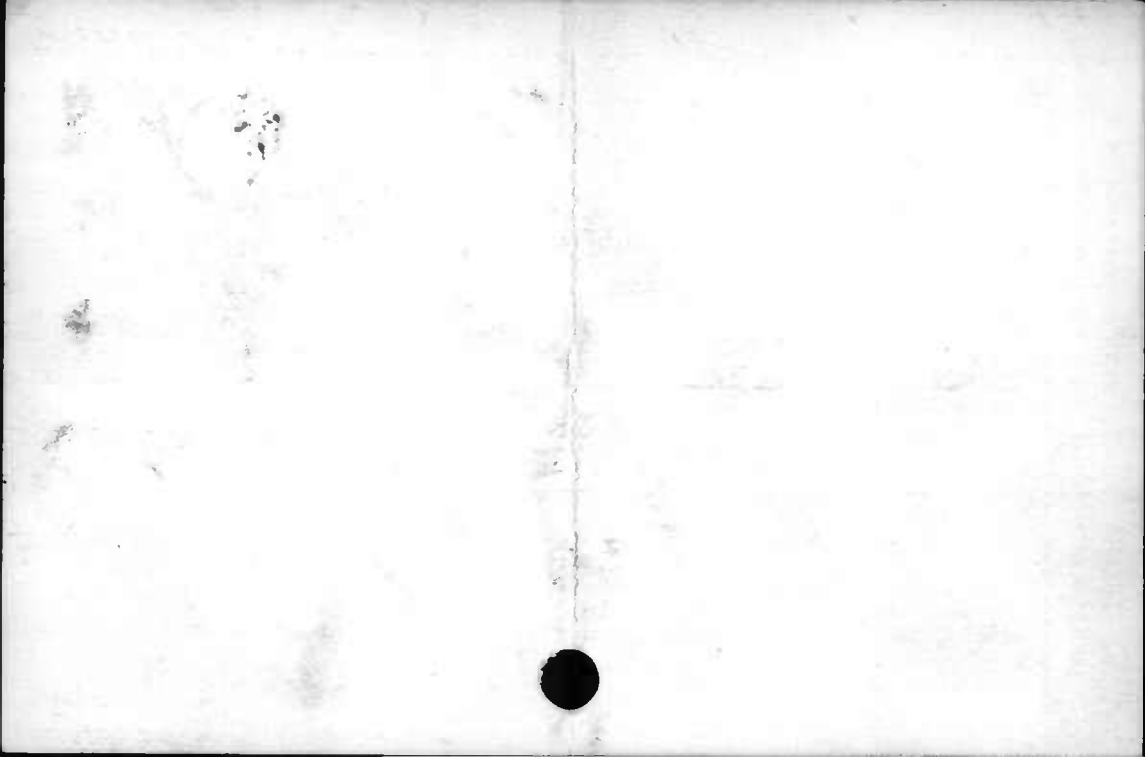
Signature of  
Physician

Samuel B. Tucker

Address

Royal Oak Md

Accident or Suicide?



Name  
in  
Full

Mary W. Welby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

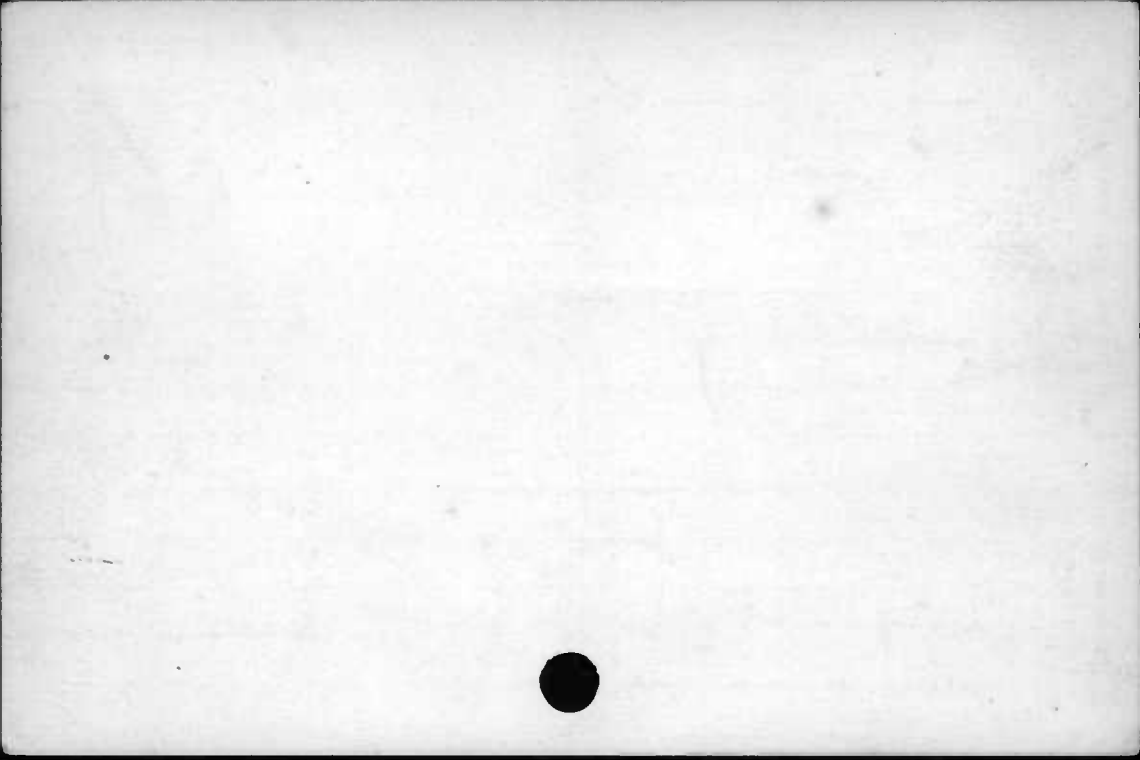
MARYLAND

Died at <i>St Michaels</i>		County <i>Talbot</i>			
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>14</i>	Years <i>93-4</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Artist &amp; Housewife</i>	Where Residing if not at place of death <i>St Michaels Md.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thos. Welby</i>				
Father's Name <i>—</i>	<i>Kopruks</i>		Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>Don't Know</i>			Mother's Birthplace <i>Don't Know</i>		
Name of person giving information <i>Physician</i>			How related to deceased <i>not at all</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Infirmities of "Old Age"</i>	How long <i>Several yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robt A. Dodson</i>
	Address <i>St Michaels Md.</i>
Accident or Suicide?	



Name  
in  
Full

Mrs Kate Willey

## CERTIFICATE OF DEATH

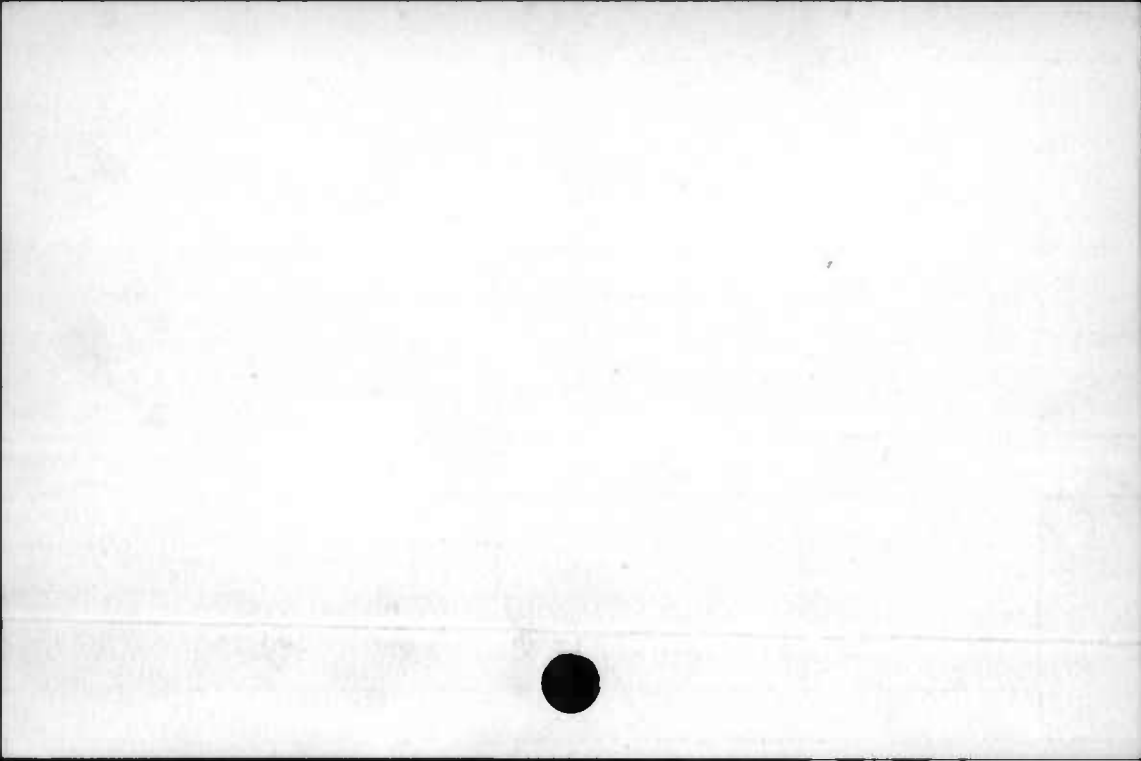
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Easton		<sup>County</sup> Talbot		MARYLAND	
Date of death	1906	Month	Dec	Day	17th
Age		Years	48	Months	3
Sex		Female	Color or Race	White	Birthplace
Occupation		House Wife	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of <del>Wife</del> Husband	John E. Willey		
Father's Name	Wm Chambers			Father's Birthplace	
Mother's Maiden Name	Annie M. Corbran			Mother's Birthplace	
Name of person giving information	Maudie E. Willey			How related to deceased	
Daughter					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis Pulmonaris	How long	7 mos
Immediate	Heart Failure	How long	few days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. J. Davidson
		Address	Easton, Md.
Accident or Suicide?			





Name  
in  
Full

Robert Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamsburg</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	<i>Dec</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	<i>79</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Talbot Co.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>Sallie Williams</i>					
Father's Name <i>Doesn't know</i>			Father's Birthplace <i>Doesn't know</i>		
Mother's Maiden Name <i>Doesn't know</i>			Mother's Birthplace <i>Doesn't know</i>		
Name of person giving information <i>Geo N. Pinder</i>			How related to deceased <i>Not at all</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	<i>64</i> <sup>How long</sup>	<i>3 weeks</i>
Immediate <i>Hypostatic pneumonia</i>	<i>3</i> <sup>How long</sup>	<i>days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Braver</i>	
	Address <i>Easton, Md.</i>	
Accident or Suicide?		

